



State of Delaware
 Department of Natural Resources and Environmental Control (DNREC)
 Surface Water Discharges Section
 89 Kings Highway, Dover, DE 19901

**ANNUAL REPORTING FORM FOR THE PESTICIDE GENERAL PERMIT (PGP) FOR
 DISCHARGES FROM THE APPLICATION OF PESTICIDES**

This form is for any Operator that is a Decision-maker required to submit an NOI. The annual report must be submitted no later than February 1 of the following year for all pesticide activities covered under the permit occurring during the previous calendar year as detailed in the Regulations Governing the Control of Water Pollution, Section 9.8.13.

A. GENERAL INFORMATION

Delaware Department of Agriculture Applicator Certification Number _____	For Pesticide Activities in Calendar Year _____
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1. Operator Name _____

2. Operator Contact Information

a. Street _____

b. City _____	c. State _____	d. Zip _____
e. Telephone (include area code) _____		f. Fax (include area code) _____

3. Contact Information

a. Prefix _____	First _____	Middle Initial _____	Last _____	Suffix _____
b. Title _____				
c. E-Mail _____				

B. ADVERSE INCIDENTS AND CORRECTIVE ACTIONS

1. Was an adverse incident observed and/or corrective actions taken for any Pest Management Area for which you have coverage under the permit?

a. **No** adverse incidents were observed or corrective action was taken. (Proceed to Section C)

b. **Yes**, an adverse incident was observed and/or a correct action was taken. (Complete questions 2-6 for each Pest Management Area in which adverse incidents were observed or corrective actions were taken. Copy this section for additional submissions.)

Pest Management Area _____ **of** _____

2. Pest Management Area Name _____

3. If applicable, provide the date for any adverse incidents as a result of those treatment(s) (use additional pages, if needed):
 Date of adverse incident observation (mm/dd/yyyy) _____

4. Date and time the Operator contacted DNREC to notify the Agency of the adverse incident, who the Operator spoke with at DNREC, and any instructions received from DNREC.

Date (mm/dd/yyyy) _____	Who the Operator spoke with at DNREC _____
Time _____	Instruction received from DNREC _____

5. Date of submission of Thirty (30)-Day Adverse Incident Written Report (mm/dd/yyyy) _____

6. Describe any corrective action(s), including spill responses, resulting from pesticide application activities and the rationale for such action(s), subsequent to those steps described in the Thirty (30)-Day Adverse Incident Written Report

C. PEST MANAGEMENT AREA(S) (use additional pages for each Pest Management Area)

Pest Management Area _____ of _____

1. Have any discharges from pest control activities occurred in this calendar year?
 a. **No** discharge from pest control activities this calendar year. Note: Checking this box completes Section C if you had no discharges from pest control activities this year. Proceed to Section D.
 b. **Yes**. Proceed to question 2.

For each treatment area (use additional pages for each treatment area)

2. Indicate the pesticide use pattern for the treatment area
 a. Mosquito and Other Flying Insect Pest Control b. Weed and Algae Pest Control c. Animal Pest Control d. Forest Canopy Pest Control

3. Describe the treatment area
 a. Provide a description of the treatment area within this Pest Management Area, including location description

 b. Size of treatment area (in acres or linear feet): _____ acres or _____ linear feet
 c. Name or location of any Waters of the State to which discharges occurred

 d. Target Pest(s)

4. Name and contact information for pesticide applicator(s) (or check here if same as provided in Section A):
 Company Name _____

Street _____

City _____	State _____	Zip _____
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Contact Name _____

Title _____

Telephone (include area code) _____	Fax (include area code) _____
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E-Mail _____

5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application
 Yes No Not Applicable

6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Registration Number(s) and by application method. Circle if quantity indicated is in lbs. or gallons. Add additional pages if necessary.

Product Name _____	Product Name _____																																								
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<p>Application Method</p> <p>a. <input type="checkbox"/> Aerially by fixed-wing _____ lbs or gallons</p> <p>b. <input type="checkbox"/> Aerially by rotary aircraft _____ lbs or gallons</p> <p>c. <input type="checkbox"/> Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) _____ lbs or gallons</p> <p>d. <input type="checkbox"/> Aquatic vehicle mounted sprayer _____ lbs or gallons</p> <p>e. <input type="checkbox"/> Direct mixture (including metering, subsurface applications) _____ lbs or gallons</p> <p>f. <input type="checkbox"/> Chemigation _____ lbs or gallons</p> <p>g. <input type="checkbox"/> Other (specify) _____ lbs or gallons</p>	<p>Application Method</p> <p>a. <input type="checkbox"/> Aerially by fixed-wing _____ lbs or gallons</p> <p>b. <input type="checkbox"/> Aerially by rotary aircraft _____ lbs or gallons</p> <p>c. <input type="checkbox"/> Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) _____ lbs or gallons</p> <p>d. <input type="checkbox"/> Aquatic vehicle mounted sprayer _____ lbs or gallons</p> <p>e. <input type="checkbox"/> Direct mixture (including metering, subsurface applications) _____ lbs or gallons</p> <p>f. <input type="checkbox"/> Chemigation _____ lbs or gallons</p> <p>g. <input type="checkbox"/> Other (specify) _____ lbs or gallons</p>																																								

D. CERTIFICATION

"I certify under penalty of law this document and all attachments were prepared under my direction, or supervision, in accordance with a system designed to assure that qualified personnel gathered and evaluated the information submitted. Based upon my inquiry of the person(s) directly responsible for gathering the information, the information is, to the best of my knowledge, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment for willful violations."

Printed Name

Title

E-Mail

Signature/Responsible Official

Date

Annual Report Preparer (Complete if the Annual Report was prepared by someone other than the certifier)

Preparer Name

Organization

Phone (include area code)

Date

E-Mail